Name in Full: Genevieve Barrett.

Certificate of Death

Died at: Town: Mt Savage County: Allegany MARYLAND

Date 1897 Month: Sept Day: 12 Age Y. — M. 2 D. — Native of: Doiale Ave Occupation: Child

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife: —— ——

Father's Name: James E. Barrett

Mother's Name: Mary V. Luckey

Cause of Death: Primary: Inanition 153

Immediate:

How long sick: 4 weeks

~~Accident, Suicide, Homicide~~

Reported by: A. Hawkins M.D.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Michael Barrett

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month Sept. Day 5 | Age Y. M. D. about 40 | Netive of | Occupetion Boatman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 148

Cause of Death: Primary Drowned | How long sick

Immediate " | Accident, Suicide, Homicide

Reported by Jett Sonner act Coroner

Address Cumberland Md

Must be signed by physician, if eny in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Wm Broadwater

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: 9 Day: 9

Age Y. 40 M. 9 D. 14

Native of Md

Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Josephine Broadwater

Father's Name

Mother's Name 8a

Cause of Death: Primary Diphtheria. Heart dis. How long sick 3 weeks

Immediate Dilation of Heart. aortic insufficiency.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C Brohmarker M.D.

Address Lonaconing Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William Campbell

Certificate of Death

Died at Town Gilmore County Allegany MARYLAND

Date 1899 Month Sept Day 17 Age Y. 64 M. D. Don't know Native of Ireland Occupation Coal Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Maggie Campbell

Father's Name James Campbell Mother's Name Ellen McGovern

Cause of Death Primary Chronic Alcoholism How long sick 34

Immediate Cerebral Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by J H Carpenter M.D.

Address Midland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Hattie Close.

Died at Town: Cumberland County: Alleg. MARYLAND

Date 1899 Month: Sept. Day: 14 | Age Y.: 21 M. D. | Native of: Md | Occupation: Housemaid

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of

Father's Name 117 Mother's Name

Cause of Death: Primary: Mis - carriage at 8th month | How long sick 3 or 4 mos.

Immediate: Asthenia - hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by H. H. Glansbury M.D.

Address Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Certificate of Death

Dis Jan, t Donald

Died at Town Longcoming County Allegany MARYLAND

Date 189 9 Month Sept Day 15 Age Y. 3 M. 16 D. Native of Md Occupation ——

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

82

Father's Name Thomas Donald Mother's Name Mary J. Berman

Cause of Death Primary Entero-Colitis How long sick One week

Immediate Inanition ~~Accident, Suicide, Homicide~~

Reported by W B Skilling M.D.

Address Longcoming

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Wm Francis McConnel

Certificate of Death

Died at Woodland (Town) Allegany (County) MARYLAND

Date 1892 Month Sept Day 10 | Age Y. 11 M. 24 D. | Native of Md | Occupation Student

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / Widow / Widower | Divorced | Number of children living Four

~~Husband of~~
~~Wife~~

Father's Name Wm Thomas McConnel

Mother's Name Edith J Stevens

Cause of Death: Primary Cholera Infantum

Immediate Convulsions 82

How long sick 3 days

Accident, Suicide, Homicide

Reported by C G Smith

Address Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BERGEN

Name in Full: Virgile L. Files

Certificate of Death

Died at: Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: Sept. Day: 20th Age Y. M. D.: 5 13 Native of: W Va. Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

Husband of Wife

Father's Name: Jacob L. Files

Mother's Name: Kizzie V. Files

Cause of Death: Primary: Ileo Colliti 82 — How long sick: 60 days

Immediate: Collapse Transition — ~~Accident, Suicide, Homicide~~

Reported by: H W Hodgson M D.

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

David Foreman

Certificate of Death

Died at Town Cumberland County Alleg. MARYLAND

Date 1897 Month 9 Day 30 | Age Y. 39 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 1

~~Wife~~ Husband of Ursula Foreman

Father's Name ~~Unknown~~ Mother's Name 95

Cause of Death: Primary — Perforation of bowel; Immediate — Suppurative peritonitis

How long sick 36 hrs.

Accident, Suicide, Homicide

Reported by H. A. Glotfelty

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Edward Fletcher

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month 9 Day 28 Age Y. — M. 5 D. 15 Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of —

Father's Name Wm Fletcher

Mother's Name Martha Fletcher

Cause of Death Primary Marasmus 82

Immediate

How long sick 2 mos

Accident, Suicide, Homicide

Reported by C Brokmarker M W

Address Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs Rebecca Jenkins

Certificate of Death

Died at Town Gilmore County Allegany MARYLAND

Date 1899 Month Sept Day 29 Age Y. 64 M. — D. — Native of Wales Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living Seven

~~Husband~~ of ~~Wife~~

Father's Name Thomas Bound Mother's Name —

Cause of Death Primary Nephritis 96 How long sick One week

Immediate Fatty degeneration of Heart ~~Accident, Suicide, Homicide~~

Reported by W. D. Skilling M.D.

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Thomas Joy

Certificate of Death

Died at Town: Barton County: Allegany MARYLAND

Date 1899 Month: Sept Day: 12 | Age Y.: 58 M.: 1 D.: 16 | Native of: Pa. | Occupation: Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 7

Husband of ~~Wife~~: Martha Wallace

Father's Name: Emanuel Joy | Mother's Name: Annie Ball

Cause of Death: Primary: Consumption 22a | How long sick: one year

Immediate: La Grippe

Accident, Suicide, Homicide

Reported by: G. A. Boucher, M. D.

Address: Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Annie M. McKenty — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1894 Month Sept Day 16 | Age Y. 27 M. 6 D. 20 | Native of Md | Occupation clerk

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 22a

Father's Name Stewart McKenty — Mother's Name Isabel Hutchison

Cause of Death: Primary Pulmonary Tuberculosis — How long sick About 5 mos

Immediate Absess — ~~Accident, Suicide, Homicide~~

Reported by W. D. Shilling M.D.

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Margaret Madden

Died at Town: Cumberland County: Alleg. — MARYLAND

Date 1899 Month: 9 Day: 5 | Age Y.: — M.: 4 D.: 5 | Native of: Md. | Occupation: —

~~Male~~ / Female — ~~Colored~~ / White — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ / Divorced — Number of ~~children living~~

Husband / Wife of —

Father's Name: Robt. Madden

Mother's Name: Annie Madden

Cause of Death — Primary: Cholera Infantum

Immediate: Internal hemorrhage 82 + collapse

How long sick: 4 days

~~Accident, Suicide, Homicide~~

Reported by: A. T. Flaherty M.D.

Address: Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55859

Name in Full Robert Matheney

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month Sept Day 5 | Age Y. 57 M. 10 D. 11 | Native of U.S. | Occupation R.R. Agent

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Mary E. Matheney

Father's Name Moses Matheney Mother's Name Elizabeth Matheney

Cause of Death: Primary Renal Cirrhosis 97 | How long sick 4 hours.

Immediate Cerebral Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Metz

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month sept. Day 11 | Age Y. 51 M. D. | Native of Germany | Occupation Glass blower

Male ~~Female~~ | White ~~Colored~~ | Married ~~Widow~~ ~~Divorced~~ | ~~Single~~ Widower | Number of children living 2

Husband Marianna Metz

~~Wife~~

Father's Name Michael

Mother's Name Barbara

Cause of Death { Primary Accident 145d | How long sick Killed instantly

Immediate Killed by B & O. R.R. Train | Accident, ~~Suicide, Homicide~~

Reported by Charles R. Morris J. P. acting Cor.

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Newman

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1897 Month: 9 Day: 24 Age Y.: 40 M.: — D.: — Native of: Cumberland Occupation: Engineer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband / Wife of Mary Newman

Father's Name Chas. Newman Mother's Name Ellen Newman

Cause of Death: Primary Typhoid fever 1 How long sick 4 weeks

Immediate Brain complication ~~Accident, Suicide, Homicide~~

Reported by W. W. Wiley

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Casper Schmidt

Died at Town: near Cumberland County: Allegany MARYLAND

Date 1899 Month: Sept Day: 30 | Age Y. 87 M. D. | Native of: Germany | Occupation: farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced ~~Number of children living~~ 2

Husbend of Wife

Fether's Name

Mother's Name

Cause of Death: Primery / Immediete

161

How long sick

Accident, Suicide, Homicide

Reported by Lonacoming Star

Address

Oct. 5/99

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Daniel Sullivan

Died at Town: Alms House County: Allegh. MARYLAND

Date 1899 Month: Sep Day: 12 | Age Y.: 95 M.: — D.: — | Native of: Ireland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 0

Husband / Wife of: —

Father's Name: — | Mother's Name: —

Cause of Death — Primary: Senile decay 141 — Immediate: Exhaustion | How long sick: 1 mo | ~~Accident, Suicide,~~ Homicide

Reported by: Dr Brace MD

Address: Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jennie E. Taylor — Certificate of Death

Died at Town: Lonaconing County: Allegany — MARYLAND

Date 189 4 — Month: Sept. Day: 24 — Age: Y. 29 M. 7 D. 3 — Native of: Maryland — Occupation: Seamstress

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name: Wm. H. Taylor — Mother's Name: Mary E. Clary

Cause of Death — Primary: Typhoid Fever — How long sick: One month

Immediate: Intestinal Hemorrhage — ~~Accident Suicide Homicide~~

Reported by: E. L. Schilling M. D.

Address: Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Harry Thomas

Died at Town: Cumberland — County: Allegany — MARYLAND

Date 189 9 — Month: Sept — Day: 21 — Age: Y. 23 M. — D. — | Native of: Pa! — Occupation: Clerk

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of ~~children living~~

Husband / Wife of

Father's Name

Mother's Name 1

Cause of Death — Primary: Typhoid Fever — How long sick: 4 Weeks

Immediate: Exhaustion from Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 170 Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, MD.

Name in Full

Mary Ann Thomas

Certificate of Death

Died at Town: Alms House County: Allegany MARYLAND

Date 1899 Month: Sep Day: 5 | Age Y.: 70 M.: — D.: — | Native of: Ga | Occupation: H W

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 0

Husband of Wife —

Father's Name —

Mother's Name —

Cause of Death: Primary: Senile decay 141 — How long sick: 3 mos

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Dr Brace M D

Address Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Haletes Mitt

Died at Town: Mt. Savage County: Alleghany MARYLAND

Date 1899 Month: Sept Day: 25 Age Y. M. D.: 9 mos Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Benj. Fr. Mitt Mother's Name: Julia A. Mitt

Cause of Death: Primary: Inanition 139 How long sick: All its life

Immediate: Accident, Suicide, Homicide

Reported by: E. Quarles M.D.

Address: Mt. Savage. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968